



**CTED**

Community, Trade and  
Economic Development

## **APPLICATION FORMS**

### **Energy Efficiency and Renewable Energy Loan and Grant Program**

**Issue Date:** July 1, 2009

**Information Workshops:** July 13, 14, 15, and 16

**Information Webinar:** July 23, 2009

**Notice of Intent Due Date:** July 27, 2009 at 5:00 PM

**The Notice of Intent is required if you want to apply.**

**Application Due Date:** August 17, 2009 at 5:00 PM  
Pacific Time

**These are the forms only.**

*This is an application for funds from the  
American Recovery and Reinvestment Act.* **RECOVERY.GOV**



## PART VIII – Forms

### NOTICE OF INTENT TO APPLY TO THE STATE ENERGY PROGRAM GRANT AND LOAN PROGRAM DUE TO CTED: JULY 27, 2009 BY 5 P.M.

This form is required for all applicants for the State Energy Program Recovery Act Grant and Loan Program. If we do not receive this completed form by the due date we will **not** accept your application.

Name of Organization \_\_\_\_\_

Principal Applicant \_\_\_\_\_

Phone Number of Principal Applicant \_\_\_\_\_

Email of Principal Applicant \_\_\_\_\_

Title of Project \_\_\_\_\_

Type of Project

Energy Efficiency \_\_\_\_\_

Sub Type, if applicable \_\_\_\_\_

Renewable Energy \_\_\_\_\_

Sub Type, if applicable \_\_\_\_\_

Clean Energy Innovation \_\_\_\_\_

Sub Type, if applicable \_\_\_\_\_

Total Amount of Request \_\_\_\_\_

Loan Amount \_\_\_\_\_

Grant Amount \_\_\_\_\_

Signature\_\_\_\_\_

Typed Name\_\_\_\_\_

Date\_\_\_\_\_

The applicant, by the above signature, certifies that he or she has read and understands the *Application Guidelines and Forms*, and that all of the information contained in this application and supporting materials is accurate as of the above-listed date. The applicant certifies that it supports the project as described in this application. The applicant certifies the availability of funds for this project. The applicant understands that CTED Program staff may independently verify all information provided, and that the discovery of incomplete, inaccurate, or misleading information are grounds for the disqualification of this application or the revoking of an award.

**STATE ENERGY PROGRAM  
PROJECT SUMMARY**

1. Type of application:	Energy Efficiency ____ Renewable Energy ____ Clean Technology ____		
2. <b>Applicant Name:</b> Type of Applicant: Address - Mail: Address - Street: City, Zip: Email:		Phone:	
		Fax:	
		Fed Tax ID:	
		County:	
		SWV Number:	
		DUNS Number:	
3. <b>Contact Person:</b> Address - Mail: Address - Street: City, Zip: Email:		Title:	
		Phone:	
		Fax:	
4. <b>Subrecipient:</b> Contact Person: Address - Mail: Address - Street: City, Zip: Email:		Title:	
		Phone:	
		Fax:	
		Organization	
		Category(s):	
		DUNS Number:	
5. Fiscal Year:	From:	To:	
6. State Legislative District:	Congressional District:		
7. Brief Project Description:			
8. Project  Budget:	SEP Loan Amount	\$	
	SEP Grant Amount	\$	
	Other Federal Recovery	\$	
	Other Federal (non-Recovery)	\$	
	State	\$	
	Local Public	\$	
	Private	\$	
	<b>TOTAL</b>	\$	

### **CERTIFICATION OF CHIEF ADMINISTRATIVE OFFICIAL**

The investment of American Recovery and Reinvestment Act funds for this project is an appropriate use of taxpayer dollars and I commit to adhere to the laws and regulations governing the requirements of the American Recovery and Reinvestment Act, the State Energy Program guidelines, and any Washington laws or rules that are applicable. The primary applicant and planned subcontractors have not been debarred by the Federal government, convicted of fraud, or had a Federal debt discharged. All applicants have current business licenses in the state of Washington.

Signature

Date

Print Name

Title

There are three evaluation parts to the application – a Threshold Evaluation, a Scoring Evaluation, and Overlay Evaluation.

### **THRESHOLD EVALUATION (2 PAGES MAXIMUM)**

1. What type of organization is the applicant? Include in your answer what type of organization this is as listed in the “Eligible Applicant” section on Page 11.
  
2. What is the proposed project? Include in your answer what type of project this is as listed in the “Eligible Project” section on Page 12.
  
3. Is the total of requested funds between \$500,000 and \$2,000,000?
  
4. Is the secured match at least as much as the funds requested?
  
5. Is the project ready to proceed?
  
6. Do the requested funds supplement and not supplant other funds?

## SCORING EVALUATION (10 PAGES MAXIMUM)

1. Approximately how many direct FTE jobs will this project create or retain? Please include the assumptions for estimates and the methodology used to calculate the estimates. (See page 20 of the guidance.)

Type of Job	Permanent (including microenterprise jobs)	Construction	Other (explain)
Number FTE			

2. Please describe the amount and contributor of any project match.
3. Approximately how much energy will this project save or produce? Please include the assumptions for estimates and the methodology used to calculate the estimates. (See page for more information.)
4. Please describe the planned project team and team members. In addition to the description please complete this table:

Name of team member	% of time allocated to project	Qualifications	Role on team

5. Please describe the planned project. See page 9 for some of the details that will need to be included.
6. Please complete the Work Plan below.

## ELIGIBILITY TEST FOR THE STATE ENERGY PROGRAM

*To be eligible, you must answer “yes” to questions 2.1 through 2.9 (unless not applicable). **Each question represents an eligibility standard that must be met at the time the application is submitted.** Please use 2.9 if you need to explain an answer.*

### Nonprofit Organizations

2.1 Is the applicant a nonprofit organization with current 501(c)3 Internal Revenue Service registration?

Advance ruling ☐ Yes ☐ No ☐

2.2 Is the applicant a registered nonprofit organization in the state of Washington?

Yes ☐ No ☐ Not applicable ☐

2.3 Does the applicant have a legally constituted board of directors?

Yes ☐ No ☐

### Business Entities

2.4 Does the applicant possess a valid business license? Yes ☐ No ☐

2.5 Has the applicant either:

A. secured all other funds needed to complete the project, or Yes ☐ No ☐

B. received a commitment of funding from a lender, Yes ☐ No ☐

*(You must say “yes” to one of the above options as of the date of the application submission.)*

2.6 Does the energy efficiency or renewable energy project include *major* new construction or renovation?

Yes ☐ No ☐

2.7 Will federal prevailing wages (Davis Bacon) be paid for all construction labor?

Yes ☐ No ☐

2.8 Can applicant state that they have not been debarred by the Federal government, convicted of fraud, or had a Federal debt discharged? Yes ☐ No ☐

2.9 Comments:

## PROJECT PLAN

- List the local responsible party and when you expect activities to be completed (month/year).
- Use the "Other" lines or insert lines for additional project tasks applicable to your project.
- See line-by-line instructions on page 17.

Task	Responsible Party	Start Date	End Date
Execute Grant Agreement with CTED		9/09	12/12
Establish Subrecipient Agreement, if applicable			
Establish local grant/loan program procedures and materials, if applicable			
Procure Professional Services			
Obtain Site Control			
Complete Cultural/Historical Resources Review			
Complete NEPA/SEPA Environmental Review			
Obtain Permits			
Prepare Bid Documents/Solicit Bids			
Award Construction Contract			
Start Construction			
Submit First Week Labor Standards Package			
Recovery fund job creation and progress reporting		10/09 and Quarterly	
Complete Construction			
Other			
Other			
Other			
Project in Use			

## PROJECT BUDGET

There are two budget components in this application:

- Budget Assumptions (no format is provided with this application)
- Project Budget Form (enclosed page 29)

*Add pages as needed to complete your assumptions.*



PROJECT BUDGET					
Funding Status	Source 1	Source 2	Source 3	Source 4	Totals
Are the sources committed?	SEP Loan	SEP Grant	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is it an ARRA recovery fund source?			X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	
Activity Costs					
General Administration (SEP contract execution, files and record keeping, civil rights compliance)					
Project Administration (Project Manager, Consultant Fees)					
Environmental Review					
Architectural Fees					
Engineering Fees					
Commercial/Industrial Facility					
Other:					
Other:					
<b>TOTALS</b>					

**Use a second copy of this form if you have more than 4 funding sources.**